

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46513
STATE FILE NUMBER
12642

FILED JAN 13 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

S. 300
y. 1-57

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS, MO.				Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS, MO.	
Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET OR ADDRESS		(If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. LOUIS CITY HOSP. #1.				Length of stay in 1b #1.		25 573 Market St.	
3. NAME OF DECEASED (Type or print) First Middle Last WILLIAM ROBERT YOUNG				4. DATE OF DEATH Month Day Year NOV. 15, 1957			
5. SEX male		6. COLOR OR RACE W		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>		8. DATE OF BIRTH Feb. 23, 1913	
9. AGE (in years last birthday) 44		10. FUNDING YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state or country) 9 NOT KNOWN		12. CITIZEN OF WHAT COUNTRY? ??	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) UNKNOWN				10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN		11. BIRTHPLACE (City and state or country) 9 NOT KNOWN	
13a. FATHER'S NAME ????				13b. MOTHER'S MAIDEN NAME ????		14. NAME OF HUSBAND OR WIFE ??	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give dates of service) UNKNOWN				16. SOCIAL SECURITY NO. UNKNOWN		17. INFORMANT Address ST. LOUIS CITY HOSP. #1.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Far advanced TB (pulmonary) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) / DUE TO (c) . 002x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						INTERVAL BETWEEN ONSET AND DEATH unknown	
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.				20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY STATE			
21. I attended the deceased from 11/14/57 3:50 A.M. to 11/15/57 and last saw her alive on 11/15/57 Death occurred at 7:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Robert E. Owen M.D.				22b. ADDRESS 1515 LAFAYETTE AVE.		22c. DATE SIGNED 11/15/57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE 12-31-57		23c. NAME OF CEMETERY OR CREMATORY Anatomical Board		23d. LOCATION (City, town, or county) St. Louis, Mo.	
24. FUNERAL DIRECTOR Rowland-Aker Mortuary Service 4104 Manchester Ave. St. Louis 10, Mo.				25. DATE RECD. BY LOCAL REG. DEC 31 57		26. REGISTRAR'S SIGNATURE J. Carl Smith M.D.	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No.

P. O. Address

NOTE: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.